

# VIRGINIA CAREGIVER – SERVICE FORM

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated \_\_\_\_/\_\_\_\_/\_\_\_\_

## Caregiver Name & Demographic Information

Caregiver Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ County/City of Residence: \_\_\_\_\_

Caregiver Social Security Number: \_\_\_\_\_

Caregiver Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
(Month) (Day) (Year)

### Caregiver Race and Hispanic Status:

\_\_\_\_ White or Caucasian Only      \_\_\_\_ Black / African American Only      \_\_\_\_ American Indian or Alaskan Native Only  
\_\_\_\_ Asian Only      \_\_\_\_ Native Hawaiian or Pacific Islander Only      \_\_\_\_ Some other Race Only  
\_\_\_\_ Two or More Races Combined      \_\_\_\_ Race unknown or unreported

\_\_\_\_ Hispanic or Latino Origin **OR**  
\_\_\_\_ **Not** Hispanic or Latino Origin **OR**  
\_\_\_\_ Hispanic ethnicity **unknown**

### Caregiver Relationship to Client:

\_\_\_\_ Husband (Spouse)      \_\_\_\_ Wife (Spouse)  
\_\_\_\_ Son      \_\_\_\_ Daughter      \_\_\_\_ Other Relative (e.g. Sibling)  
\_\_\_\_ Grandparent      \_\_\_\_ Non-Relative      \_\_\_\_ Non-Relative Legal Guardian or Custodian

Does Caregiver Live with Client? \_\_\_\_ Yes \_\_\_\_ No

## Client Information

Client's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Client's Social Security Number: \_\_\_\_\_ Client's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

#### For Office Use Only

Services Requested:

\_\_\_\_\_

Services Provided:

\_\_\_\_\_

Agency / Provider: \_\_\_\_\_ PSA No. \_\_\_\_\_

NOTE: At a minimum, this form must be updated annually in order for a client/caregiver to continue service.